

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023435

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar No. 1692

FILED JUL 8 1963

1. PLACE OF DEATH

a. COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Poplar Bluff

Length of stay in lb.

1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

STATE Missouri COUNTY Stoddard

c. CITY OR TOWN Dexter, Missouri

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Poplar Bluff Hospital

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

410 Elder Street

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last  
Rena Mae McConnell

4. DATE OF DEATH Month Day Year  
June 10, 1963

5. SEX

female

6. COLOR OR RACE

cauc.

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/17/1886

9. AGE (last birthday)

76

IF UNDER 1 YEAR IF UNDER 24 HR.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

marriage

11. BIRTHPLACE (City and state or country)

Pocahontas, Arkansas U. S.

12. CITIZEN OF WHAT COUNTRY

U. S.

13a. FATHER'S NAME

Charles Ross

13b. MOTHER'S MAIDEN NAME

Nola Montgomery

14. NAME OF HUSBAND OR WIFE

Ed. C. McConnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If yes, give war or dates of service)

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage -

INTERVAL BETWEEN ONSET AND DEATH

4 days

DUE TO (b)

Cerebral arteriosclerosis.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home; farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 26 Dec 1941 to 10 June 63 and last saw her alive on 10 June 63. Death occurred at 5:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

W. B. Braden M.D.

22b. ADDRESS

3210 S. Bolan St. Poplar Bluff, Mo.

22c. DATE SIGNED

1 July 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

23b. DATE

6/12/63

23c. NAME OF CEMETERY OR CREMATORY

Dexter Cemetery

23d. LOCATION (City, town, or county)

Dexter, Missouri

24. FUNERAL DIRECTOR

Watkins & Sons

ADDRESS

Dexter, Missouri

25. DATE RECD. BY LOCAL REG.

7/21/63

26. REG. TRANS. SIGNATURE

W. B. Braden

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1 0128

2 1035

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4 /

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8 0

9 331X

10

11

12 4-0

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Earl Nutall*

Licensed Embalmer No.

4964

P. O. Address

Dexter, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.